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ABSTRACT

Intervention programs which take a family perspective and treat families as a unit have a greater positive impact than programs which focus on the child alone. Yet, despite the emphasis on parental involvement, very little attention is given to parents' perceptions of their child's treatment. This study explored parents' ratings of treatment and parents' ratings of child symptomatology. Subjects in this study were parents (N=682) of children or adolescents with severe emotional disturbances (SED). These subjects were a subset of participants in a 7-year longitudinal study, the National Adolescent and Child Treatment Study (NACTS). Parents completed the Child Behavior Checklist (CBCL) and reported helpfulness ratings of services for their children. The CBCL and helpfulness ratings were completed for years 1 through 3 of the study. In two separate repeated measures of analyses of variance, results indicate that Externalizing symptoms were significant predictors of ratings of treatment helpfulness. However, internalizing symptoms were not significant predictors of ratings of treatment helpfulness. Two separate multiple regression analyses indicated that Externalizing scores can be predicted based on demographic and helpfulness ratings for years 1 through 3. However, Internalizing scores can be predicted by demographic variables and helpfulness ratings for year 2 only. (Author)

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# Parents' CBCL Scores and Ratings of Helpfulness of Children's Treatment

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A Poster Presented at the 4th Annual Research Conference

A System of Care of Children's Mental Health

Expanding the Research Base

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Abstract

Subjects in this study were 682 parents of children or adolescents with severe emotional disturbances (SED). These subjects are a subset of participants in a seven year longitudinal study, the National Adolescent and Child Treatment Study (NACTS). Parents completed the Child Behavior Checklist (CBCL) and reported helpfulness ratings of services for their children. The CBCL and helpfulness ratings were completed for years 1 through 3 of the study. In two separate repeated measures analyses of variance, results indicate that Externalizing symptoms were significant predictors of ratings of treatment helpfulness. However, Internalizing symptoms were not significant predictors of ratings of treatment helpfulness. Two separate multiple regression analysis indicated that Externalizing scores can be predicted based on demographic and helpfulness ratings for years 1 through 3. However, Internalizing scores can be predicted by demographic variables and helpfulness ratings for year 2 only.

# Parent's CBCL Scores and Ratings of Helpfulness of Children's Treatment

## Introduction

Intervention programs which take a family perspective and treat families as a unit have a greater positive impact than programs which focus on the child alone (Dunst, Trivette, and Deal 1988; Haapala and Kinney, 1988). Yet, despite the emphasis on parental involvement, very little attention is given to parents' perceptions of their child's treatment. Hypothetically, there is every reason to believe that parent ratings of treatment is a good indicator of how children are faring. The following research explores parents' ratings of treatment and parents' ratings of child symptomatology.

## Method

### Subjects

Subjects in this study were 682 adolescents with severe emotional disturbances (SED) and one of their parents, usually a biological mother. These subjects are a subset of participants in the National Adolescent and Child Treatment Study (NACTS). NACTS is a seven year longitudinal study of 812 children and adolescents with SED served in the public mental health and education systems. Subjects, 8 to 18 years old, were identified by school and mental health facility administrators. Approximately half of the adolescents sampled (54%) were identified and enrolled in public school-based programs for adolescents with serious emotional disturbances in accordance with P.L. 94-142. The remaining subjects resided in mental health facilities supported at least in part by public funds. Participants were recruited from six states: Colorado, Wisconsin, New Jersey, Alabama, Mississippi,

and Florida. States were selected to represent the four geographic regions of the country. The study gathered in-depth information on adolescents' family characteristics, psychological functioning, services received, and outcomes over time (for a detailed description of NACTS methodology, see Silver, Friedman, Duchnowski, Kutash, Eisen, Lardieri, and Prange, 1990).

Interviews were conducted at the adolescents' placement site by trained interviewers with clinical or educational experience in interviewing. Adolescents and parents (or legal guardians) were paid for participating.

In the present study, 682 subjects were parents of children or adolescents with severe emotional disturbances who participated in year 1 through year 3 of NACTS. Parents or legal guardians were interviewed by phone in each year of study. The child's mother was the respondent of choice for the interview. If there was no mother living in the home, the father or other parent figure was interviewed.

Instruments

Parents completed the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983), and reported ratings of helpfulness of overall treatment. Parents completed the CBCL in years 1, 2, and 3 of the study. For each of the three years, CBCL items were summed into separate second order factors of Internalizing and Externalizing symptoms. The Externalizing scores for all three years were split by median (.6474) into high and low categories. The same was done for Internalizing scores (.3564) for years 1 through 3. Therefore, each child received 6 scores from their respective parents for the CBCL over the three year period. Internalizing scores are characterized by anxiety, depression, panic and

psychotic symptoms. Whereas Externalizing scores are characterized by conduct disorder, hyperactivity, and attention deficit symptoms.

In years 1 through 3 of the study, parents were asked to rate, on a 5 point Likert type scale, the overall helpfulness of their child's treatment. Anchors for the helpfulness scale were 1) very harmful, 2) harmful, 3) not harmful/helpful, 4) helpful, and 5) very helpful.

## Results

### Analyses of Variance (ANOVAS)

Two separate repeated measures analyses of variance were performed. In the first ANOVA, Externalizing scores, for year 1 through 3, were entered as independent variables (low or high), and the dependent measures were parents ratings of helpfulness from year 1 through year 3. The interaction between helpfulness and Externalizing was significant, $\underline{F}$ (2, 666) = 4.32, $\underline{P} < .05$. Parents' ratings of helpfulness were significant predictors of Externalizing. Overall, when parent ratings of Externalizing symptoms were low, ratings of helpfulness increased, and conversely, as ratings of pathology increased, ratings of helpfulness decreased (see Figures).

In the second analysis, Internalizing scores, for year 1 through year 3, were entered as independent variables (low or high), and the dependent measures were parents ratings of helpfulness from year 1 through 3. The interaction between helpfulness and Internalizing was not significant, $\underline{F}$ (2, 664) = .24, $\underline{P} > .05$. Overall, the pattern between Internalizing symptoms and parent ratings of treatment helpfulness is less clear than the pattern between Externalizing and ratings of helpfulness.

### Regression Analyses

To further explore the relationship between helpfulness ratings and child symptomatology, two separate hierarchical multiple regression analyses were performed. In the first analysis, the dependent measure was the year 3 Externalizing score. As independent variables, demographic variables were entered first followed by the year 1, year 2, and year 3 helpfulness ratings. This hierarchal entry was based on a presumed time ordered effect. The results show that the demographic variables of age and facility, as well as helpfulness ratings at year 1, 2, and 3 were significant predictors of Externalizing symptoms at year 3. The table shows the Beta weights entered at the final step for each of the variables.

In the second analysis, the dependent measure was the year 3 Internalizing score. As independent variables, demographic variables were entered first followed by the year 1, year 2, and year 3 helpfulness ratings. The results show that only facility and the helpfulness rating for year 2 were significant predictors of Internalizing symptoms at year three. The table shows the Beta weights for these two significant variables.

## Discussion

The results show that parents' perceptions of the helpfulness of their child's treatment is indeed a good indicator of how the child is functioning. However, there appears to be differences to this pattern depending upon symptomatology. The negative relationship between Externalizing scores and ratings of helpfulness is not as readily discernible for Internalizing scores and helpfulness ratings. One possible explanation for these results is that because Externalizing symptoms include more active behaviors, such as hyperactivity, it is easier to judge a decrease in such behavior. It also may be the case that the decrease in Externalizing symptoms may have a greater direct impact on the parent than do decreases in

Internalizing behaviors. Therefore, parents are more likely to judge treatment favorably when the child's behavior is easier for them to manage. The following study has shown that parents' perceptions of treatment effectiveness is a viable source of feedback for programs.

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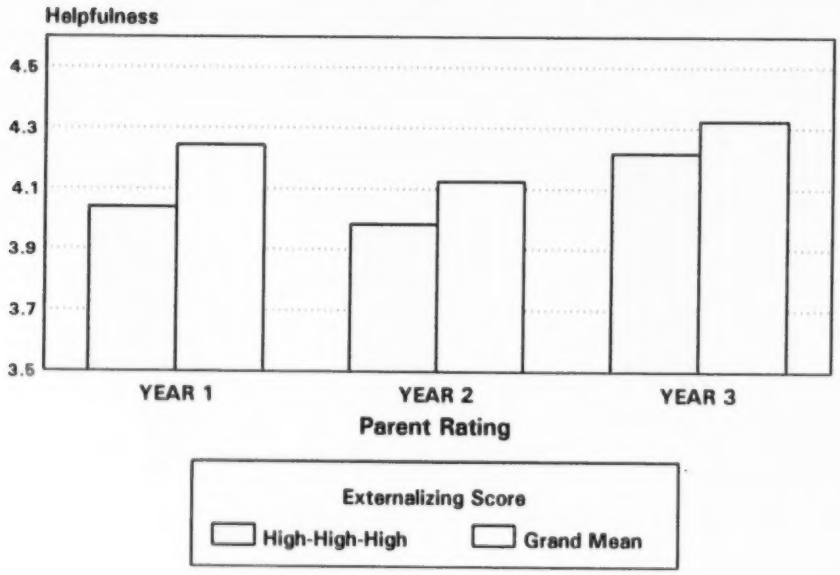
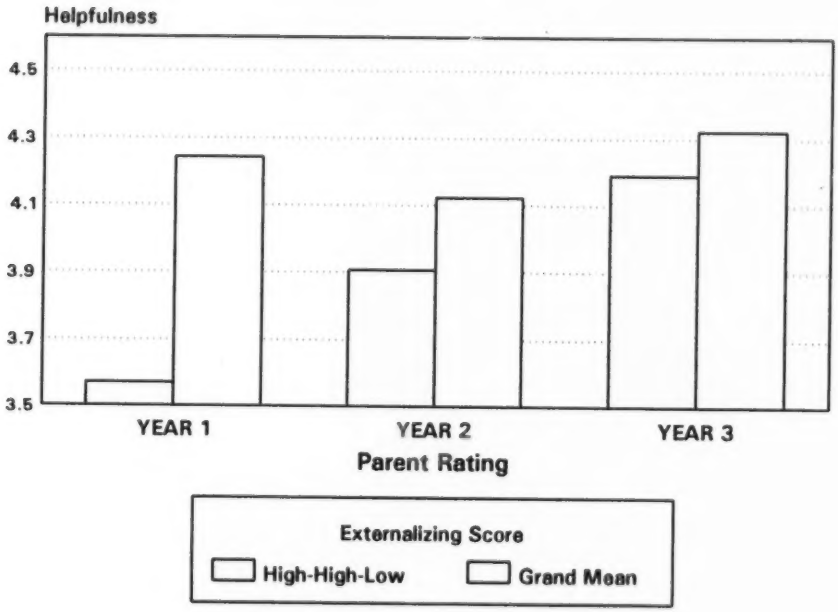
## NACTS DATA: PARENT RATINGS OF TREATMENT HELPFULNESS & CBCL EXTERNALIZING SCORES



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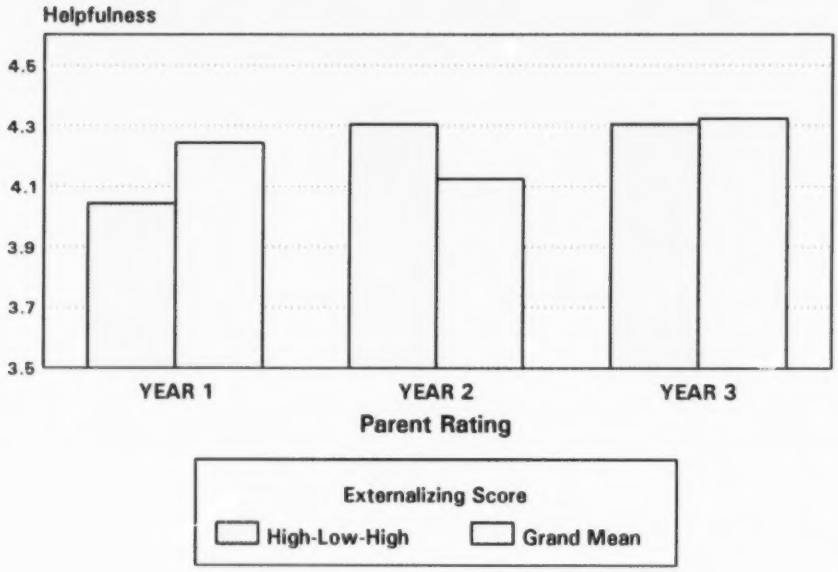


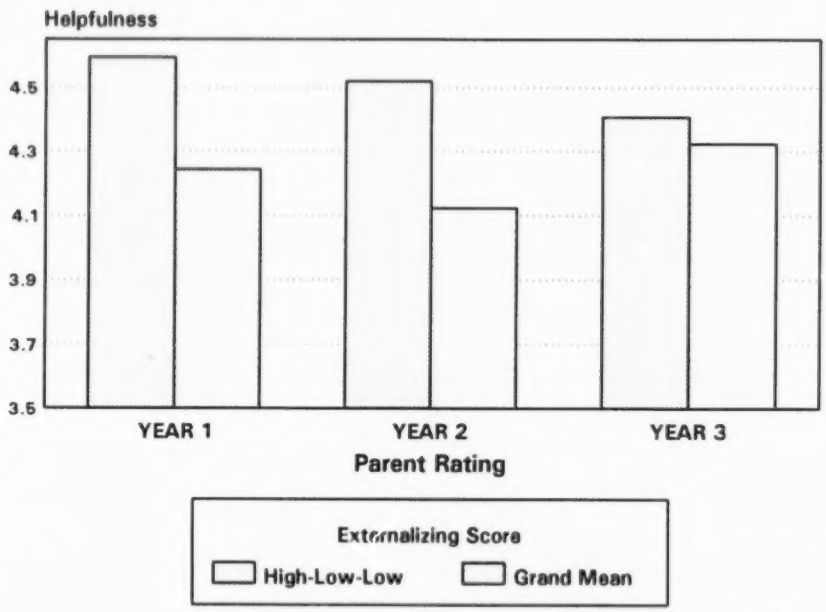

Beta Weights of Variables

by Externalizing and Internalizing

| Externalizing | Beta |
|---|---|
| Facility | -.244 |
| Age | -.185 |
| Year 1 Rating | -.158 |
| Year 2 Rating | -.116 |
| Year 3 Rating | -.140 |

| Internalizing | Beta |
|---|---|
| Facility | -.219 |
| Year 2 Rating | -.178 |